

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET
PR60328USw

First Names Inventor:
Michael Tolar MARTIN

Complete if known:
App No.:

Filing Date

Group Art Unit:

☐ Declaration submitted with initial filing or

☐ Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PREPARATION OF CHEMICAL COMPOUNDS

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on **25 June 2004** as United States application Serial No. _____ or PCT International

Application Number **PCT/US2004/020353** filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

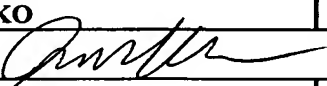
I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1. 60/483,002	06/27/2003	
2.		
3.		

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER PR60328USw
<p>I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>				
PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION				
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)	
			PATENTED	PENDING
			ABANDONED	
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462</p>				
Address all correspondence and telephone calls to Customer Number 23347 David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398			Direct Telephone Calls to: <div style="text-align: center;">Robert J. SMITH 919-483-8022</div>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME MARTIN	FIRST GIVEN NAME Michael	SECOND GIVEN NAME/INITIAL Tolar
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME ROBERTS	FIRST GIVEN NAME John	SECOND GIVEN NAME/INITIAL Charles
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME TOCZKO	FIRST GIVEN NAME Jennifer	SECOND GIVEN NAME/INITIAL Fell
	INVENTOR'S SIGNATURE	Signature 		Date: 29 Sept 01
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

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Customer Number 23347 and Customer Number 20462


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David J. Levy
Corporate Intellectual Property
GlaxoSmithKline
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709-3398

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2 0 1	FULL NAME OF INVENTOR	FAMILY NAME MARTIN	FIRST GIVEN NAME Michael	SECOND GIVEN NAME/INITIAL Tolar
	INVENTOR'S SIGNATURE	Signature 		Date: 4 Oct, 2004
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME ROBERTS	FIRST GIVEN NAME John	SECOND GIVEN NAME/INITIAL Charles
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	INVENTOR'S SIGNATURE	MARTIN	Michael	Tolar
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		Durham	NC	US
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	ROBERTS	John	Charles
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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		Durham	NC	US
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	TOCZKO	Jennifer	Fell
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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